

West Valley Medical Center 1717 Arlington Ave. Caldwell, ID 83605 (208)459-4641

Discharge Summary (Patient Copy)

Date: 05/26/2019

Time: 9:07 p.m.

Patient Name:

JOSE RAMIREZ

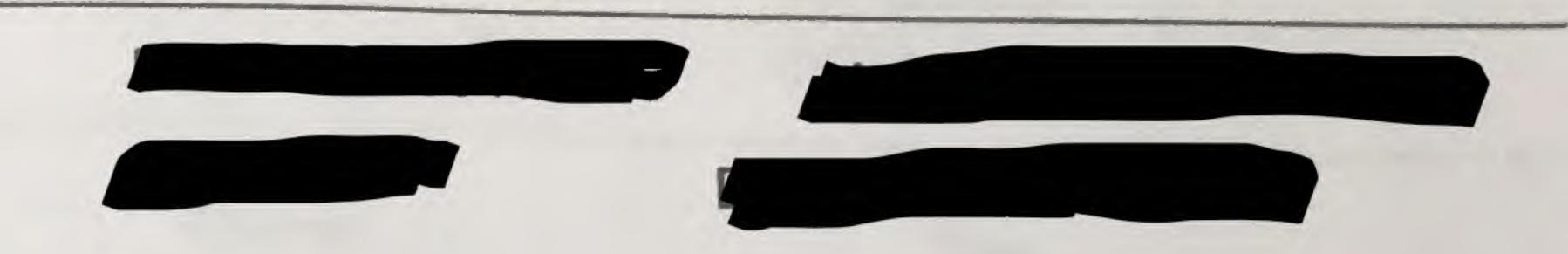
Treating Provider: Benjamin Gold, DO

Your Discharge Instructions:

ABDOMINAL PAIN

DEHYDRATION - ADULTS

NAUSEA



Your Prescriptions:

7 1 16

Ketorolac Tromethamine 10 Milligram # 20 TABLETS 1 TABLET PO Q6-8H PRN PAIN (0 Refills).Printed.

Promethazine HCI (Phenergan) 25 Milligram # 12 Tablets
1 TABLET PO Q6H PRN (0 Refills).Printed.